

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007650

FILED
Jan 30, 2006
Secretary of State

Entity Name: CHARITY DIRECT NETWORK, INC.

Current Principal Place of Business:

2793 S.E. MONROE STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2793 S.E. MONROE STREET
STUART, FL 34997

New Mailing Address:

FEI Number: 55-0801802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLY, MICHAEL R
2793 S.E. MONROE STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FARR, GEORGE L
Address: 9 GREENWICH OFFICE PARK, 2ND FLOOR
City-St-Zip: GREENWICH, CT 06831

Title: DT () Delete
Name: WHELAN, THOMAS B
Address: 9 GREENWICH OFFICE PARK, 2ND FLOOR
City-St-Zip: GREENWICH, CT 06831

Title: S () Delete
Name: CULLY, MICHAEL R
Address: 2793 S.E. MONROE STREET
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: DIHIGO, FELIX
Address: 2793 S.E. MONROE STREET
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MOORE, WILLIE L
Address: 2793 S.E. MONROE STREET
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: TILLMAN, DORIS D
Address: 2793 S.E. MONROE STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CULLY

S

01/30/2006

Electronic Signature of Signing Officer or Director

Date